



Health | Program | Handbook

Rules & Regulations of the CalPERS Health Program
California Public Employees' Retirement System



your CalPERS health care benefits
VALUE, SECURITY, CHOICE

Patient Bill Of Rights

Why Patient Rights? As a member of the CalPERS health program, you have important rights. Rights that protect your privacy, your access to quality health care, and your right to participate fully in medical decisions affecting you and your family.

How and Where to Get Help. If you have a concern about your rights or health care services, we urge you to first discuss it with your physician, hospital, or other provider, as appropriate. Many complaints can be resolved there. Your health plan wants satisfied customers. If you still have concerns, you have the right to appeal the health plan's decision directly to CalPERS or, in many health plans, through the grievance procedure. Consult your Evidence of Coverage booklet for information on the benefits covered or your appeal rights. You can call CalPERS at (800) 237-3345 for further information.

As a patient and a CalPERS member, you have the right to:

- Be treated with courtesy and respect.
- Receive health care without discrimination.
- Have confidential communication about your health.
- Have your medical record or information about your health disclosed only with your written permission.
- Access and copy your medical record.
- Have no restrictions placed on your doctor's ability to inform you about your health status and all treatment options.
- Be given sufficient information to make an informed decision about any medical treatment or procedure, including its risks and benefits.
- Refuse any treatment.
- Designate a surrogate to make your health care decisions if you are incapacitated.
- Access quality medical care, including specialist and urgent care services, when medically necessary and covered by your health plan.
- Access emergency services when you, as a "prudent layperson," could expect the absence of immediate medical attention would result in serious jeopardy to you.
- Participate in an independent, external medical review when covered health care services are denied, delayed, or limited on the basis that the service was not medically necessary or appropriate, after the health plan's internal grievance process has been exhausted.
- Discuss the costs of your care in advance with your provider.
- Get a detailed, written explanation if payment or services are denied or reduced.
- Have your complaints resolved in a fair and timely manner and have them expedited when a medical condition requires treatment.

You can help protect your rights by doing the following:

- Express your health care needs clearly.
- Build mutual trust and cooperation with your providers.
- Give relevant information to your health care provider about your health history and condition.
- Contact your providers promptly when health problems occur.
- Ask questions if you don't understand a medical condition or treatment.
- Be on time for appointments.
- Notify providers in advance if you can't keep your health care appointment.
- Adopt a healthy lifestyle and use preventive medicine, including appropriate screenings and immunizations.
- Familiarize yourself with your health benefits and any exclusions, deductibles, copayments, and treatment costs.
- Understand that cost controls, when reasonable, help keep good health care affordable.

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You Should Know . . .

This handbook contains valuable information on how life and career changes can affect your health benefits. File this handbook with your other important papers for future reference.



Welcome to the CalPERS Health Benefits Program

We've designed this handbook for you in the hope that you'll find it helpful and easy to use. The Table of Contents will guide you to important topics about policies and procedures.

Who To Contact

If you require assistance or need to make changes in your enrollment, there are people ready to help. Follow the instructions for Active Employees and Retired Members as appropriate.

Active Employees

Your employer's Health Benefits Officer or Personnel Office must complete a *Health Benefit Enrollment* form (HBD-12) when you enroll or make any changes to your enrollment. The form will be forwarded to CalPERS for processing.

Retired Members

The CalPERS Health Benefit Services Division is your Health Benefits Officer. Most changes to your enrollment can be done by calling CalPERS. When you call, you will be asked a few questions so we can protect your personal information.

If you prefer to write, include your (the member's) Social Security number and daytime phone number, including area code. If you are changing your address, include your former and new address. When adding or deleting a dependent, include the dependent's name, Social Security number, birth date, relationship to you, and the reason for adding or deleting the dependent. Mail your request to:

CalPERS Health Benefit Services Division
P.O. Box 942714
Sacramento, CA 94229-2714

Contact Your Health Plan

For assistance in obtaining identification cards, verifying enrollment, selecting or changing primary care providers, or resolving claim issues, contact your health plan. See your **Health Plan Decision Guide** for plan addresses and phone numbers.

Try Our Web Site

CalPERS also provides health benefits information, some forms, and other valuable information on the Internet. The CalPERS web site address is:
www.calpers.ca.gov.

Who Can Sign Up for the CalPERS Health Benefits Program?

Employees of the State of California and contracting public agencies whose appointment is at least six months and one day (tenure) and at least half-time (time base) may sign up for the CalPERS Health Benefits Program.

State Permanent-Intermittent (PI) employees can enroll if they meet “credit” requirements (see page 3, “*When May I Enroll Myself and My Family*”).

You must have been enrolled in the CalPERS Health Program while you were working to be eligible for health benefits when you retire. If you were covered as a dependent on another member’s CalPERS health plan when you retired or you canceled coverage to participate in the State’s FlexElect Program, you may be eligible to enroll. Contact the CalPERS Health Benefit Services Division for information.

Family member is a term used interchangeably with the term “dependents”. It covers your spouse and eligible children under the age of 23.

It is against the law to enroll ineligible family members. If you do, you may have to pay for all costs the ineligible dependent incurred from the date the coverage began.

Whether you cover yourself alone or include your family members is up to you. But if you decide to cover your family members when you enroll, you must cover all eligible family members as a single group. Some additions can be made at a later date (see page 3, “*When May I Enroll Myself and My Family*”).

Note

Bargaining union negotiations may affect the eligibility criteria for some family member enrollments. Please refer to your bargaining union contract.

Which Family Members Can Be Covered by My Health Plan?

Your spouse can be added to your health plan if done within 60 days after your date of marriage. A copy of your marriage certificate and your spouse’s Social Security number are required.

Domestic partners may be added to your health plan. The law requires the following actions for a domestic partner to be enrolled.

1. The Secretary of State must register the domestic partnership and provide a Declaration of Domestic Partnership. Same sex domestic partnerships between persons who are both at least 18 years of age and certain opposite sex domestic partnerships (both persons are 62 years of age or older) are eligible to register with the Secretary of State.
2. The employer must elect to provide the health plan to the employee’s or retiree’s domestic partner.
3. The enrollee must provide a copy of the Declaration of Domestic Partnership and a signed Statement of Financial Liability to the employer.

Your children, adopted children, or stepchildren can be added, but must be under age 23 and never married — regardless of whether or not they are living with you.

Affordable Health Care for Children and Teens

The Healthy Families Program provides health, dental, and vision insurance to eligible children who do not have insurance today and are not eligible for no-cost Medi-Cal. You can learn more about the program by calling (800) 880-5305 or by visiting their web site at www.healthyfamilies.ca.gov. *This is not a CalPERS-sponsored program.*



A child over age 23, who has never married and is incapable of self support because of a mental or physical condition that existed prior to age 23, may be included when you first enroll. A *Member Questionnaire for the CalPERS Disabled Dependent Benefit* form (HBD-98) and a *Medical Report for the CalPERS Disabled Dependent Benefit* form (HBD-34) must be approved by CalPERS prior to enrollment, and be updated upon request.

Another person's child under the age of 23, who has never married, may be eligible for coverage if:

- you have been granted legal custody or joint legal custody of the child; or
- the child resides with the employee or retiree (generally in the absence of the natural or adoptive parent), and is economically dependent upon the employee or retiree; or
- the child is the natural, adopted, step, or economically-dependent child of the employee's or retiree's domestic partner.

Prior to the enrollment of another person's child, an *Affidavit of Eligibility* form (HBD-35) or a copy of the court-ordered custody must be on file, and be updated upon request.

When you enroll, you must enroll all eligible family members. However, you have the choice of enrolling the following family members either at that time or at a later date:

- a spouse not living in your home;
- children age 18 or older;
- eligible children who are not in your custody; or
- dependents in the military, when they return to civilian life.

Who's Not Eligible?

Here's a quick list of those not eligible to enroll in a CalPERS-sponsored health plan.

Employees of the State or contracting public agencies:

- who work less than half-time;
- who are appointed to a position lasting less than six months and one day;
- whose job classification is "Limited-Term Intermittent" (seasonal or temporary); or
- who are "Permanent-Intermittent" and do not meet credit requirements within the control period.

Retirees:

- who were not enrolled in a CalPERS plan when they retired;
- whose retirement date is more than 120 days from their separation date; or
- whose employer does not have a contract or canceled its contract with CalPERS.

Family members who are:

- children age 23 or over;
- children who have been married;
- children's spouses;

- disabled children over age 23 who were never enrolled or were deleted from coverage;
- former spouses;
- grandparents;
- parents;
- children of former spouses; or
- other relatives.

When May I Enroll Myself and My Family?

You have 60 days from the date of your initial appointment to enroll in a health plan. Your coverage becomes effective the first day of the month following the date your Personnel Office or Health Benefits Officer receives your completed *Health Benefit Enrollment* form (HBD-12).

You have 60 days from the registration of a domestic partnership with the Secretary of State's office to enroll your domestic partner. Coverage becomes effective the first of the month following the date your Personnel Office or Health Benefits Officer receives your completed *Health Benefit Enrollment* form (HBD-12) and the supporting documentation.

State Permanent Intermittent (PI) employees must wait until after they have received credit for 480 paid hours at the end of a "control period". A control period means the 6-month period from January 1 through June 30, or July 1 through December 31. If you qualify in the first half of the year, the earliest date your coverage may begin is August 1; during the second half, the earliest date your coverage may begin is February 1.

In order to remain qualified, you must be credited with at least 480 paid hours at the end of each control period or have at least 960 hours in two consecutive control periods (current and prior). Checkpoints to determine whether the hours have been met are June 30 and December 31.

Open Enrollment

Open Enrollment is held each fall. This is the time you may enroll, change health plans, or add eligible family members. Open Enrollment changes take effect the following January 1. If you are considering changing health plans, see page 6, "*Decisions...Decisions*". You will also want to consult the CalPERS ***Health Plan Decision Guide*** in selecting a health plan.

Health Insurance Portability and Accountability Act (HIPAA)

The Health Insurance Portability and Accountability Act (HIPAA) was enacted in 1996. HIPAA provisions improve portability and continuity of health insurance coverage in the group insurance markets. HIPAA requirements for CalPERS took effect in January 1998. HIPAA changed enrollment policies for employees and family members eligible to enroll in CalPERS health plans. HIPAA provisions did not change CalPERS enrollment rules and procedures, with the exception of the elimination of the *Health Statement* form (HBD-38) which is replaced with *Special Enrollment* and *Late Enrollment* provisions.

Want More Information?

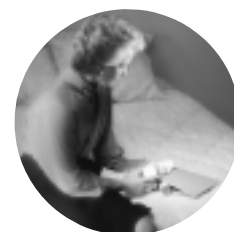
There are other publications designed to help you understand all of the benefits offered by CalPERS.

Do You Have The Right Number?
(PERS-PUB-19)

The Power of Attorney
(PERS-PUB-30)

Retired Member Death Benefit
(PERS-PUB-31)

To obtain a publication call
(916) 326-3036.



Special Enrollment

Special Enrollment refers to enrolling after your initial enrollment — but outside of the annual Open Enrollment period. You may need this Special Enrollment if:

- you have changes in your marital status or responsibilities. If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may enroll yourself and all eligible dependents within 60 days after that event. You may also be eligible to use this Special Enrollment period under certain other limited circumstances (such as when a court has ordered you to provide coverage for a former spouse or minor child); or
- you decided not to enroll with CalPERS when you were first eligible. If you declined or canceled enrollment for yourself or your dependents (including your spouse) because of other private or CalPERS health coverage, you may be able to enroll. To qualify, you will need proof the other coverage is ending and you must request enrollment within 60 days after the other coverage ends.

Late Enrollment

Late Enrollment is permitted with certain restrictions. If you decline or cancel enrollment for yourself or your dependents, and do not fit within Special Enrollment exceptions noted above, your rights (or your dependents' rights) to enroll in the future will be limited. You will either have to wait a 90-day waiting period or until the next Open Enrollment period. The earliest effective date of enrollment will be January 1 or the first of the month following the 90-day waiting period.

Split Enrollments

Married employees or retirees can enroll separately. However, when married employees are enrolled in a CalPERS health plan in their own right, one parent must carry all children on one plan. Children and dependents cannot be split between parents. When split enrollments are discovered, they will be retroactively canceled. You may be responsible for all costs incurred from the date the split enrollment began.

Dual Coverage

Dual coverage occurs when you are enrolled in a CalPERS health plan as both a member and a dependent, or as a dependent on two enrollments. This is against the law. When dual coverage is discovered, the enrollment that caused the dual coverage will be retroactively canceled. You may have to pay for all costs incurred from the date the dual coverage began.

Retirees

Retirees whose separation date and retirement date are within 30 days of each other will have continuous coverage. If you do not want to continue your health benefits into retirement, you need to cancel your coverage by submitting a *Health Benefit Enrollment* form (HBD-12) through your employer.

If you have from 30 to 120 days between your separation date and your retirement date, you may re-enroll within 60 days of your retirement date or during Open Enrollment (see page 5, “*How Do I Enroll in the CalPERS Health Benefits Program*”).

Between your last day of work and your retirement date, you can avoid having your coverage suspended by paying the

full monthly premium. Contact the Health Benefits Officer where you worked and ask for a *Direct Payment Authorization* form (HBD-21).

If you separate and do not retire within 120 days, you are not eligible for coverage. There are some exceptions to this rule for exempt State employees. Contact the CalPERS Health Benefit Services Division if you have questions about your eligibility.

If you are retiring within 90 days of your 65th birthday or your spouse's 65th birthday, you should contact the Social Security Administration now. In addition to signing up for Medicare, you will have to change from a Basic health plan to a plan that coordinates benefits with Medicare. For more information see ***Understanding Medicare & Your CalPERS Health Benefits***.

How Do I Enroll in the CalPERS Health Benefits Program?

Employees who are new to State and public agency jobs should fill out a *Health Benefit Enrollment* form (HBD-12). Your Personnel Office or Health Benefits Officer can assist you with the needed paperwork.

Family members and dependents who are eligible for coverage must rely on the covered member or retiree to include them on the enrollment form.

Retirees have two choices: submit a written request to the CalPERS Health Benefit Services Division within 60 days of your official retirement date (see the back of this booklet for the mailing address) or wait until the next Open Enrollment period which takes place in the fall of each year.

Is There a Cost?

Your cost will depend on where you work (or worked) for how long, and which health plan you choose. Whether you are working or have retired, your employer or former employer will be making monthly contributions toward your health premium, but how much they contribute varies. See the ***Health Plan Decision Guide*** for employer contribution amounts.

State Vesting Requirements

If you are a State employee, vesting is the amount of time in State employment needed to be eligible to receive employer contributions toward the cost of the monthly premium during retirement. The longer you have worked in “covered” service, the more your employer contributes. The amount the State contributes toward your health coverage depends on whether or not you are vested. The contribution amount is determined by a formula set by law and the date you were first employed by the State.

If you were first hired by the State prior to January 1, 1985 you are eligible to receive 100 percent of the State's contribution.

If you were first hired by the State between January 1, 1985 and January 1, 1989, you are subject to vesting requirements. You must have 10 years of service credit to be fully vested and qualify for 100 percent of the State's contribution. With less than 10 years, you are eligible for health coverage, however, there will be an additional cost to you since the State's contribution is reduced by 10 percent for each year of service under 10 years.

Preventing Colds

There are about 200 viruses that cause colds, but preventing colds doesn't involve complex measures. Practice proper hygiene, eat right, get enough rest, manage stress, and avoid others with colds, if possible.



If you were first hired by the State after January 1, 1989, the percentage of the State's contribution is based on your completed years of State credited service. The table below shows the percentage of the State contribution you will receive.

Years of Credited Service	State Contribution
Less than 10 years	0%
10 years	50%
11 to 19 years	50%, plus 5% added per year
20 years or more	100%

Note

Bargaining union negotiations may affect the State's vesting requirements. State vesting requirements do not apply to California State University, public agency retirees or those on disability retirement.

Decisions . . . Decisions

How To Choose A Health Plan

The CalPERS **Health Plan Decision Guide** has information on the factors you should consider when choosing a health plan — cost, benefits, quality, administration, and more. Before you select or change your plan use the *Health Plan Choice Worksheet* located in the **Health Plan Decision Guide** to help you compare information among plans.

Selecting A Primary Care Physician (PCP) or Medical Group

When you enroll or change plans, you will probably be choosing a new PCP or medical group. If you don't, the plan may choose one for you. If this happens and it is not the doctor you want, contact the plan as soon as possible. Make sure the doctor you want will take you as a patient before you notify your plan.

What to Look For When You Enroll In or Change Health Plans

When you enroll in or change plans, but do not see your new plan's premium payment on your pay stub or retirement check, do not use your former plan. Instead, contact your agency's Health Benefits Officer or Personnel Office or the CalPERS Health Benefit Services Division to report the discrepancy, and to learn how to get the health care services you need.

If you see \$0.00 for your health plan deduction, that means your employer or your former employer is paying the entire premium on your behalf.

Identification Cards

You will need your identification card (ID) when you seek medical care. If you do not receive your card within 30 days of initially enrolling (or by January 31 for Open Enrollment changes), contact your health plan. CalPERS does not issue ID cards. If you need care before your card arrives, call your new health plan or the CalPERS Health Benefit Services Division.

When May I Change Plans?

Open Enrollment

Open Enrollment is the time when you can change health plans. Open Enrollment is held each fall, and changes are effective the following January 1.

When you move, you may change plans. You may select any health plan that is available in your residential ZIP code area. The effective date of change will be the first of the month following receipt of your request.

If you move out of the plan's service area, you must change plans. Until you make this change your plan may limit coverage to emergency or urgent care only.

When you retire, you may change plans. You may select any health plan in your residential ZIP code area. The effective date of change will be the first of the month following receipt of your request.

When you first become eligible for Medicare, you may request a plan change within 60 days of your or a family member's eligibility for Medicare. Carefully review the **Understanding Medicare & Your CalPERS Health Benefits** booklet to select the Medicare plan that is right for you.

If you are enrolled in a Managed Medicare plan and change to a Supplement to Original Medicare plan, you will have to disenroll your Medicare assignment. See "Disenrolling Your Medicare Assignment" on page 12 in **Understanding Medicare & Your CalPERS Health Benefits** booklet.

My Life's Full of Changes. What Should I Do?

Retiring

Retiring requires you to check your calendar carefully to determine the best way to maintain health coverage.

There are two dates that are important:

- your separation date, and
- your retirement date.

If you are not sure of either of these dates, talk to your employer. If your separation date and your retirement date are within 30 days of each other, your coverage will continue into retirement

without a break. If you do not want to continue your health benefits into retirement, you need to cancel your coverage by submitting a *Health Benefit Enrollment* form (HBD-12) through your employer.

If your separation date and your retirement date are between 30 and 120 days, your coverage will not automatically continue, but you may re-enroll. There are two ways to re-enroll:

- write to the CalPERS Health Benefit Services Division within 60 days of your retirement date and request re-enrollment; or
- wait for the next Open Enrollment period, which is held each fall. Contact the CalPERS Health Benefit Services Division for a copy of the Open Enrollment materials.

Marital Status Change

Marital status can change through marriage, divorce, or death. Each change requires you to contact your employer or the CalPERS Health Benefit Services Division.

If you marry, you can add your spouse and your stepchildren to your health plan if you do so within 60 days after the date of marriage. You will need to provide a copy of the marriage certificate and your spouse's Social Security number. The coverage will become effective the first of the month following the date your employer or the CalPERS Health Benefit Services Division receives a copy of the marriage certificate.

Preventing Osteoporosis . . .

The bone mineral content of women smokers is about 15 percent to 30 percent less than that of nonsmokers. For male smokers, bone mineral content is about 10 percent to 20 percent less. Increasing your calcium intake, lowering your alcohol consumption, and not smoking can minimize your risk for osteoporosis.



When you divorce, your former spouse is no longer eligible for CalPERS health benefits under your coverage. The coverage terminates on the last day of the month in which the final divorce decree is granted. A copy of the final divorce decree is required when you delete your former spouse from your health plan.

Death of a Spouse or Dependent

The death of a spouse or dependent should be reported to your employer or the CalPERS Health Benefit Services Division as soon as possible.

Death of a Member

The death of a member requires the surviving spouse or a family member to notify CalPERS Benefit Services Division at (800) 352-2238. In the case of the death of a working member, the member's employer should also be notified.

Upon the death of an employee while in State service, the law requires the State employer to continue to pay contributions for the survivor's health coverage for up to 120 days after the employee's death.

Surviving family members will be eligible for health benefit coverage as long as they:

- qualify for a monthly survivor check from CalPERS; and
- were enrolled as dependents at the time of the member's death, and continue to qualify as eligible family members.

Surviving family members who do not meet the above qualifications may be eligible for COBRA (see page 10, "Loss of Coverage").

Children

Generally, children are eligible for coverage until age 23, but there are some important restrictions. Be sure to review "Which Family Members Can Be Covered by My Health Plan" on page 1.

Your newborn children

are covered from the date of birth.

Newly-adopted children

are covered from the date of the formal adoption or placement for adoption. To avoid claim payment problems, enroll the child as soon as possible.

Stepchildren under age 23

who have never been married can be added to your health plan within 60 days after the date of your marriage.

Another person's child

under the age of 23 may be added to your health plan within 60 days of coming to live with you (see page 2 for details).

Prior to enrollment of another person's child, an *Affidavit of Eligibility* form (HBD-35) must be on file (and updated upon request) or a copy of the court-ordered custody must be on file.

Requests to enroll another person's child will require an updated *Affidavit of Eligibility* form (HBD-35) for each of the children currently enrolled. Coverage begins the first of the month following the date the form is received by your employer or the CalPERS Health Benefit Services Division.

Children over 18

who were not included on your initial enrollment, or were deleted, may be enrolled during Open Enrollment or after the 90-day waiting period (Late Enrollment).

Children who turn 23

are no longer eligible for coverage unless they are disabled. See page 10, “COBRA” and page 11, “*Individual Conversion Policy*” for additional information.

Disabled Children Over Age 23

If your disabled child is incapable of self-support due to a mental or physical disability, coverage may be continued subject to approval by CalPERS (see page 2 for details). Contact your employer or the Member Health Services Unit of the CalPERS Health Benefit Services Division to process your request.

Temporary Leave

You may continue your coverage while on temporary leave by paying the entire monthly premium directly to your health plan. Contact your employer for a *Direct Payment Authorization* form (HBD-21).

You are eligible for direct payment if you:

- go on a leave of absence without pay;
- take temporary disability leave and do not use sick leave or vacation;
- are waiting for approval of a disability retirement or a “regular” service retirement;
- are waiting for approval of Non-Industrial Disability Insurance benefits;
- are suspended from your job or you institute legal proceedings appealing a dismissal from your job; or
- are a State Permanent-Intermittent employee eligible for health benefits but in a non-pay status. (Direct pay may only be elected through the end of the qualifying control period.)

Requests for direct payments must be received by the CalPERS Health Benefit Services Division prior to the beginning of your leave. See your Health Benefits Officer or Personnel Office to complete the necessary form. If you do not elect the direct payment option while on leave of absence, your benefits will stop. They will be reinstated when you return to pay status, if your earnings are sufficient to cover your share of the monthly premium.

Military Duty

When you take a leave of absence for military duty, you may continue coverage by making direct payments to your health plan. When you direct pay, you do not pay any administrative costs and your employer does not contribute to your health premium. Your CalPERS health coverage will resume the day you return to pay status.

Leaving Your Job

If you leave your job for reasons other than retirement, your coverage will terminate. It will continue through the month that you leave, and if you have sufficient earnings to cover your share of the premium, your coverage will continue for a month after you leave. If you cancel your coverage when you leave your job, your benefits will not continue and you will not be eligible for COBRA group continuation coverage.

If you leave your job but return within less than one full pay period, your coverage will be continuous. Be sure to notify your employer’s Health Benefits Officer or Personnel Office if the deductions on your pay stub do not resume.

Your New Prescription . . .

Whenever you fill a new prescription, ask the pharmacist for the package insert from the manufacturer. It may offer useful information about the medication, especially any possible side effects.



If you leave your job and return after one full pay period has passed, you may re-enroll. You will go back into the health plan you were previously enrolled in. You may not change plans until the next Open Enrollment period.

Loss of Coverage

If loss of coverage occurs, there are two options to resume health coverage.

Consolidated Omnibus Budget Reconciliation Act (COBRA)

Under COBRA you can continue to get health coverage if you leave employment or become ineligible for health benefits. You will be notified if you are eligible by your employer or CalPERS. You must submit a *Group Continuation Coverage* form (HBD-85) within 60 days of notification. Coverage must be continuous. You are required to pay premiums at a cost of 102 percent of the group monthly premium rate beginning from the date your CalPERS coverage terminated.

You can continue COBRA coverage for 18 months when:

- you separate from employment for reasons other than dismissal due to gross misconduct; or
- there is a reduction in work hours to less than half-time or less than 480 hours in a control period for State Permanent-Intermittent employees.

Coverage may be continued for up to 29 months if you are recognized as disabled through Social Security or the Supplemental Security Income (SSI) program. The cost to you is 102 percent of the premium for the first 18 months and then 150 percent of the premium for months 19-29.

Your dependents may enroll in COBRA for up to 36 months based on:

- your death, whether you were working or retired (the dependent must be enrolled in the plan at the time of your death);
- divorce or legal separation; or
- being an enrolled child who marries or turns age 23.

COBRA coverage for you or your dependents remains in effect until one of the following events occurs:

- failure to pay the premium;
- coverage by another group health plan; or
- you become entitled to Medicare.

Continuation of Group Coverage After COBRA

California law permits an extension of COBRA benefits for some older employees and their spouses until they can get health coverage through Medicare or another health plan. This coverage is subject to the following conditions:

- the employee worked for the former employer for the prior five years and was 60 years of age (but under 65) on the date their employment ended; and
- the former employee was eligible for, and elected, COBRA coverage for self or self and spouse.

If elected, this coverage will begin after the COBRA coverage ends and will be administered under the same terms and conditions as if COBRA had remained in force.

Premiums for this coverage cannot exceed 213 percent of the current group rate.

Special Note

If you or your dependents are eligible for Medicare prior to losing CalPERS benefits, you or your dependents are eligible for COBRA. Medicare will be your primary health insurer, and your Medicare-coordinated group plan is secondary.

Individual Conversion Policy

An Individual Conversion Policy is an alternative to COBRA, or it can follow COBRA coverage. If you lose your CalPERS health benefits or COBRA coverage, you can request an Individual Conversion Policy through your prior health plan, which is then underwritten by the plan. You must request this new policy within 30 days of losing coverage. All CalPERS health plans offer this Individual Conversion Policy option, but your cost for it will differ from the cost of your previous coverage.

I've Got A Problem . . . What Now?

Your health plan and CalPERS work hard to ensure smooth delivery of services to you and your family. But sometimes a disagreement can occur. If it does, the plan and CalPERS are here to help.

Filing A Grievance

Filing a grievance is one way you can resolve an issue, complaint, or disagreement. Your health plan will have its own "grievance process", which is described in your Evidence of Coverage booklet. If you cannot locate your booklet, your health plan can send you another copy.

Appealing A Decision

Appealing a decision is the next step.

If you filed a grievance and are dissatisfied with your health plan's final decision, you should contact the CalPERS Health Benefit Services Division, Member Health Services Unit or Ombudsperson.

Binding Arbitration

Binding arbitration is a method of resolving conflicts. It requires you to agree in advance that any claims or disagreements will be settled through neutral, legally binding resolution, replacing court or jury trials. In some instances, you can choose to appeal to CalPERS rather than go through binding arbitration. Be sure to consult the **Health Plan Decision Guide** to see if your plan offers this process.

Consumer Hot-Line

The California Department of Managed Health Care regulates all HMOs in California. If you have a grievance with your HMO and are dissatisfied with the resolution offered, you may call the Consumer Hot-Line at (800) 400-0815 or use their web site at: **www.dmhca.gov**.

I Need More Information. Where Do I Go?

CalPERS Health Benefit Services Division

P.O. Box 942714
Sacramento, CA 94229-2714

Toll-Free: (800) 237-3345

FAX: (916) 326-3935

CalPERS Regional Offices

Fresno County Regional Office

10 River Park Place East, Suite 230
Fresno, CA 93720
(559) 440-4900

as of late 2000 (877) 720-7377

FAX (559) 440-4901

Glendale Regional Office

Glendale Plaza
655 North Central Avenue, Suite 1400
Glendale, CA 91203
(877) 720-7377
FAX (818) 662-4304

Mountain View Regional Office

650 Castro Street, Suite 240
Mountain View, CA 94041
(650) 428-4600
as of late 2000 (877) 720-7377
FAX (650) 428-4601

Orange County Regional Office

500 North State College Blvd., Suite 750
Orange, CA 92868
(714) 939-4700
as of late 2000 (877) 720-7377
FAX (714) 939-4701

Sacramento Regional Office

2750 Gateway Oaks Drive, Room 140
Sacramento, CA 95833
(877) 720-7377
FAX (916) 231-7878

San Bernardino Regional Office

650 East Hospitality Lane, Suite 330
San Bernardino, CA 92408
(909) 806-4800
as of late 2000 (877) 720-7377
FAX (909) 806-4820

San Diego Regional Office

7676 Hazard Center Drive, Suite 350
San Diego, CA 92108
(619) 220-7200
as of late 2000 (877) 720-7377
FAX (619) 220-7201

San Francisco Regional Office

301 Howard Street, Suite 2020
San Francisco, CA 94105
(415) 369-8500
as of late 2000 (877) 720-7377
FAX (415) 369-8501

When To Call Your Health Plan

If you need help getting an identification card, verifying plan enrollment, selecting or changing a primary care physician, or have a claim issue, contact your health plan directly. You can find their phone number and address in the **Health Plan Decision Guide**.



California
Public Employees'
Retirement System

400 P Street
Sacramento, CA
95814

www.calpers.ca.gov

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